



City and Royal Burgh of Dunfermline

ANNUAL REPORT

ON THE

HEALTH AND WELFARE
OF DUNFERMLINE

FOR THE YEAR

1959



City and Royal Burgh of Dunfermline

ANNUAL REPORT

ON THE

HEALTH OF DUNFERMLINE

FOR THE YEAR


1959

BY

C. BARCLAY REEKIE,

M.B., Ch.B., D.P.H., J.P.,

Medical Officer of Health



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28713989>

Index.

MEDICAL OFFICER'S REPORT.

| | <i>Page.</i> | | <i>Page.</i> |
|-------------------------------------|--------------|---|--------------|
| Appendices— | | Domestic Help Service | 22 |
| I. Infectious Diseases Notifica- | | Health Visiting | 20 |
| tions | 38 | Home Nursing | 19 |
| II. Tuberculosis— | | Infectious Diseases, Control of .. . | 28 |
| Part I.—Respiratory .. . | 39 | Mental Health Services | 32 |
| Part II.—Non-Respiratory.. | 40 | Midwifery | 18 |
| Part III.—Analysis of Tuber- | | Port Health Administration | 36 |
| culosis Deaths .. . | 40 | Prevention of Illness, Care, and After- | |
| Part IV.—The Tuberculosis | | Care | 24 |
| Register | 41 | Chiropody | 26 |
| Care of Mothers and Young Children, | 12 | Health Education | 27 |
| Ante-Natal and Post-Natal Clinics, | 13 | Prevention of Home Accidents .. | 27 |
| Bandrum Children's Convalescent | | Smoking and Lung Cancer .. . | 28 |
| Home | 18 | Tuberculosis— | |
| Child Welfare Clinics | 14 | B.C.G. Vaccination | 25 |
| Children's Homes | 18 | Domiciliary Visits | 25 |
| Day Nurseries | 16 | Hospital Treatment | 25 |
| Dental Care | 17 | Housing | 25 |
| Expectant Mothers | 13 | Preventive Medicine, Development of, | 36 |
| Infantile Mortality | 12 | Retrospect | 8 |
| Maternal Mortality | 12 | School Health Services | 33 |
| Prevention of Break-up of Families, | 17 | Treatment Clinics | 35 |
| Routine Examination of Children | | Specialist Clinics | 35 |
| (1-5 years of age) | 17 | Staff | 4 |
| Specialist Clinics | 17 | Vaccination and Immunisation .. . | 22 |
| Treatment Clinics | 16 | Vital Statistics | 7, 10 |
| Voluntary Workers | 15 | | |
| Welfare Foods | 15 | | |

SOCIAL SERVICES OFFICER'S REPORT.

| | <i>Page.</i> | | <i>Page.</i> |
|-----------------------------------|--------------|------------------------------|--------------|
| Blind Persons | 45 | Compulsory Removals | 51 |
| Deaf Persons | 46 | Care of Property | 51 |
| Other Handicapped Persons | 46 | Burials | 51 |
| Provision of Accommodation | 47 | Miscellaneous | 51 |
| Temporary Accommodation | 49 | Free School Meals | 52 |
| General Welfare | 49 | | |

Staff.

Health Department

- C. BARCLAY REEKIE, M.B., Ch.B., D.P.H., J.P., Medical Officer of Health; Medical Superintendent, Milesmark Hospital; and Medical Superintendent, Bandrum Children's Home.
- ROBERT M. WINK, B.Sc., M.B., Ch.B., D.P.H., Depute Medical Officer of Health; Medical Officer, Milesmark Hospital.
- DAVID M. CATHIE, M.B., Ch.B., D.P.H., Assistant Medical Officer of Health; Assistant Medical Officer, Milesmark Hospital.
- F. MARGARET ADDLY, L.R.C.P., L.R.C.S., L.R.F.P. and S.G., D.P.H., Assistant Medical Officer of Health; Assistant Medical Officer, Milesmark Hospital.

CONSULTANTS.

- ROBERT I. STIRLING, M.B., Ch.B., F.R.C.S.—Orthopædic Clinie.
- R. B. LUMSDEN, M.B., Ch.B., F.R.C.S.—Ear, Nose and Throat Clinic.
- C. R. DUNCAN LEEDS, M.B., Ch.B., F.R.C.S., D.O.M.S.—Eye Clinie.
- W. RUSSELL LOGAN, O.B.E., L.R.C.P. & S.Ed., L.D.S., H.D.D., F.D.S., R.C.S., Ed.

DENTAL STAFF.

Miss MADELEINE G. LESLIE, L.D.S., R.C.S.—Dentist

PHYSIOTHERAPIST.

Miss ELIZABETH S. STODDART, M.C.S.P

SPEECH THERAPIST.

Miss N. WOOD.

HEALTH VISITORS.

- | | |
|----------------------|-------------------------------|
| Miss C. JOHNSTON. | Miss G. M. COWAN. |
| Miss M. C. HOOD. | Miss M. E. THOMAS. |
| Miss L. ROBERTSON. | (resigned 10/10/59). |
| Miss B. L. CRICHTON. | Miss M. M. DUNSIRE. |
| Miss A. S. MOIR. | Miss E. M. BOW. |
| Miss H. L. PATERSON. | (resigned 30/6/59). |
| Miss L. STONELEY. | Miss P. CHALLACOMBE. |
| Miss E. McKEE. | Miss A. P. MITCHELL |
| Miss S. YOUNG. | (appointed 10/8/59). |
| Miss B. B. KNOX. | Mrs. H. RUSSELL |
| Miss E. STARK. | (appointed 7/9/59—part-time). |
| (resigned 15/6/59). | Miss A. J. HAMILTON |
| | (appointed 5/10/59). |

The above-named are trained nurses and with three exceptions hold the Health Visitor's Certificate.

HOME NURSING AND DOMICILIARY MIDWIFERY STAFF.

Dunfermline:

- | | |
|---------------------|-----------------------|
| Miss M. E. DICKSON. | Miss I. EARLY |
| Miss J. MacGREGOR. | (resigned 31/7/59). |
| Miss M. ROSS. | Miss I. MAIN |
| (resigned 25/6/59). | (appointed 1/7/59). |
| Mrs. S. SLATER | Miss W. B. DUNCAN |
| S.C.M. | (appointed 20/7/59). |
| | Miss C. KINNINMONTH |
| | (appointed 23/11/59). |

Part-time.

Mrs. BUCHANAN, R.G.N.

Rosyth:

- | | |
|----------------------|---------------------|
| Miss I. W. SINCLAIR. | Miss J. R. G. BROWN |
|----------------------|---------------------|

STAFF—HEALTH DEPARTMENT—(Continued).**Part-time Domiciliary Midwives:**

Mrs. E. BEVERIDGE.

Mrs. E. COX

The above-named have S.C.M. Certificate only.

DOMESTIC HELP SERVICE.

Mrs. I. FISHLEY, Supervisor.

DAY NURSERIES.Miss I. FISHER, R.G.N., S.C.M., Matron,
Broomhead and Rosyth Nurseries.**CLERICAL STAFF.**Miss J. G. ERSKINE,
Administrative Assistant.

Miss M. C. McLAREN.

Mrs. S. PRENTICE.

Miss C. CARSTAIRS.

Miss A. MITCHELL.

Miss F. AITKEN.

Miss I. KIMBER.

Miss P. KING.

Miss C. GIBBONS.

Miss E. WILLIAMSON.

MENTAL HEALTH SERVICE.

JOHN G. GILMOUR, M.B., Ch.B., Certifying Officer.

GEORGE I. HENDRY, M.B., Ch.B., Certifying Officer.

BERTRAM FINNIE, Authorised Officer.

GEORGE K. PLUMMER, Authorised Officer.

Social Services Department.

G. K. PLUMMER, F.I.S.W., Social Services Officer.

BERTRAM FINNIE, First Assistant.

Miss ANNE HARPER, Second Assistant.

GEORGE J. ALLAN, Third Assistant.

Miss AGNES OLIPHANT, Shorthand Typist/Clerkess.

Miss MARION THOMSON, Shorthand Typist/Clerkess.

RESIDENTIAL HOMES.

Miss ELIZABETH BEATTIE, Matron, Davaar.

Miss JEAN SHARP, Matron, Garvock House.

HENRY T. M. WALLACE and Mrs. MARY WALLACE, Superintendent and Matron,
Luscar.WILLIAM A. MACASKILL and Mrs. CRISSY F. MACASKILL, Superintendent and
Matron, Garthdee.

*To the Provost, Magistrates, and Councillors of the
City and Royal Burgh of Dunfermline, and to
the Department of Health for Scotland.*

Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the Health and Welfare of Dunfermline.

In doing so I take the opportunity of thanking a succession of Provosts, Conveners of the Health Committee, members of the Town Council and fellow officials of other departments for their confidence, support, and encouragement throughout the last thirty-four years, all of which has enabled me to accomplish so much.

To the members of the Health Department Staff, both past and present, it gives me pleasure to record my sincere appreciation and grateful thanks for all their work and loyalty.

I am,

Your obedient servant,

C. BARCLAY REEKIE.

Medical Officer of Health.

*Carnegie Clinic,
Dunfermline, 11th April 1960.*

Summary of Vital Statistics.

The following is a summary of the principal statistics for the years, 1954, 1955, 1956, 1957, 1958, and 1959:—

| | 1954 | 1955 | 1956 | 1957 | 1958 | 1959 |
|--|--------|--------|--------|--------|--------|--------|
| Population | 45,052 | 45,193 | 45,654 | 46,270 | 46,200 | 46,768 |
| Number of Deaths (corrected) | 466 | 496 | 478 | 479 | 490 | 524 |
| Death-rate per 1000 population (corrected and adjusted for age and sex distribution) | 11.1 | 11.9 | 11.3 | 11.2 | 11.4 | 12.1 |
| Deaths of infants under 1 year | 16 | 22 | 24 | 23 | 26 | 29 |
| Infantile mortality rate per 1000 live births | 21 | 29 | 30 | 28 | 31 | 33 |
| Deaths of infants under 4 weeks | 14 | 16 | 18 | 14 | 16 | 25 |
| Neo-natal mortality rate per 1000 live births | 19 | 21 | 22 | 17 | 19 | 28 |
| Number of deaths from pulmonary tuberculosis | 4 | 6 | 2 | 1 | 2 | 2 |
| Number of deaths from tuberculosis (all forms) | 5 | 7 | 4 | 1 | 2 | 2 |
| Death-rate per 1000 population from pulmonary tuberculosis | 0.09 | 0.13 | 0.04 | 0.02 | 0.04 | 0.04 |
| Death-rate per 1000 population from all forms of tuberculosis | 0.11 | 0.15 | 0.09 | 0.02 | 0.04 | 0.04 |
| Death-rate per 1000 population from the principal epidemic diseases.. | 0.04 | 0.02 | 0.0 | 0.13 | 0.02 | 0.06 |
| Marriage-rate per 1000 population | 9.4 | 10.2 | 9.7 | 8.9 | 8.5 | 9.8 |
| Number of live births registered (corrected) | 746 | 768 | 809 | 834 | 847 | 890 |
| Number of still-births registered (corrected) | 20 | 21 | 19 | 17 | 22 | 16 |
| Live birth-rate per 1000 population, | 16.6 | 17.0 | 17.7 | 18.0 | 18.3 | 19.0 |
| Illegitimate births per 100 live births, | 3.8 | 3.6 | 4.7 | 3.7 | 4.3 | 3.4 |
| Maternal mortality rate (maternal deaths per 1000 live and still-births) | 1.3 | 0.0 | 0.0 | 1.2 | 1.15 | 0.0 |

Retrospect.

As this is the last Annual Report which I will have the privilege of presenting, a review of some of the work which has been undertaken by the Health Department in the last thirty-four years may be of interest.

It was in May 1926 that I became the first full-time Medical Officer of Health of Dunfermline, a post combined with that of Medical Superintendent of the West Fife Infectious Diseases Hospital. The hospital was administered by a Joint Committee consisting of representatives from Dunfermline Town Council, Fife County Council, and the small burghs of Cowdenbeath, Inverkeithing, and Culross. Prior to my appointment, these offices had been undertaken by part-time medical practitioners. There had only been two holders, the late Dr. James Morris (1859-1906) and his son-in-law, the late Dr. Alastair J. Macgregor (1906-1926). Apparently none of us believed in changes as there have been only three holders of office in the course of a century!

The creation of a whole-time appointment was regarded as a great advance. I was presented with an onerous schedule of duties which on mature reflection, makes me feel that, it cannot be said I displayed lack of courage in accepting them. I was to be Medical Officer of Health, Medical Superintendent of West Fife Infectious Diseases Hospital (92 beds), Medical Superintendent of Davaar Maternity Home (12 beds), and Police Surgeon. In addition, I was to organise and conduct ante-natal and child welfare clinics and a tuberculosis dispensary. In all this work I was to be given no professional assistance other than a locum for four weeks in summer to enable me to proceed on leave.

When I arrived in Dunfermline, the only health officers working in the district were the sanitary inspector and his assistant and one health visitor. The health visitor combined the impossible task of visiting all the infants in the burgh with the clerical duties of keeping the birth, death, and infectious diseases registers. Her headquarters consisted of a small room in the basement of the City Chambers.

The first task was to find premises and equipment for the Public Health Department. Eventually after much searching two rooms were secured in a flat at 24 Queen Anne Street. Appropriately enough, this flat was shared with a building society!

The next problem was finding staff. About a month after my arrival, Miss J. G. Erskine was appointed to take charge of the clerical work. Happily, she is still with us and is the only remaining member of the original staff. Two additional health visitors were then appointed and the stage was set for commencing the routine visiting of infants, the provision of child welfare clinics in Dunfermline and in Rosyth, also a tuberculosis dispensary.

Dunfermline at this time was a town of 38,000 inhabitants on 7,674 acres. Scattered over this large area it appeared as a series of little townships, which, apart from Rosyth, had a miscellany of factories surrounded by residential and working-class houses. Town planning was non-existent outside Rosyth, which with its Garden City development showed up in very marked contrast to the older parts of the town. There were beautiful parks centrally situated and some very fine buildings belonging to the Carnegie Trust.

The town was in the throes of industrial depression, the General Strike had just ended, the miners were still on strike and the linen industry was suffering an acute recession. In consequence there were long queues of necessitous mothers claiming assistance for their infants under the Maternity and Child Welfare Scheme. It was against this background that there commenced the Scheme for the Care of Mothers and Young Children as we know it to-day. The bright spot in this rather sombre picture was the pioneer work in medical inspection and treatment of school children sponsored by the Carnegie Dunfermline Trust and undertaken by their medical staff.

The Dunfermline and West Fife Hospital like all hospitals of its kind was supported on a voluntary basis. It was overcrowded and overworked and quite inadequate for the needs of the district. It was entirely staffed by general practitioners and the Matron was responsible for all the anaesthetics.

The West Fife Infectious Diseases Hospital, now known as Milesmark Hospital, was grossly overcrowded and was dealing with as many as 1,000 cases a year. Immediate steps were taken to urge for an extension, a move which met with considerable opposition from some of the local authorities concerned, based not on the needs of the situation but on the fact that it would mean an increase in the rates.

The general practitioner service at this time was of a high order and included among others, such outstanding personalities as Dr. Tuke, Dr. Fleming, Dr. Cairncross, and Dr. Black. The club system which ensured medical treatment for the dependants of insured

persons was in existence and widely used and to some extent was a local miniature health service.

Over the years there have been many changes to which reference will be made under the usual headings for Annual Reports.

Few people have been given the privilege and unusual advantage of organising a complete system from the foundation, embracing the provision of staff, office accommodation, administration, clinics, and all the ancillary services that contribute to the work of a Health Department. To see it grow almost yearly and to be conscious of its success has been a source of deep satisfaction, for no one has a better opportunity of rendering lasting service to his fellowmen than he who has a field of prevention to explore and can do it to some purpose.

VITAL STATISTICS.

Population.—The population as estimated by the Registrar General to 30th June 1959 was 46,768, being an increase of 568 over the figure for 1958.

It is of interest to compare the figures with those of previous years:—

| | | |
|-----------|---------------------|--------|
| 1926-1930 | Average Population. | 38,202 |
| 1931-1935 | Do. | 35,858 |
| 1936-1940 | Do. | 36,939 |
| 1941-1945 | Do. | 40,659 |
| 1946-1950 | Do. | 45,069 |
| 1951-1955 | Do. | 45,163 |
| 1956 | Population. | 45,654 |
| 1957 | Do. | 46,270 |
| 1958 | Do. | 46,200 |
| 1959 | Do. | 46,768 |

Births.—The live births registered after correction for transfers were 890, equivalent to a birth-rate of 19.0 per thousand of population as compared with 18.3 in the preceding year. The rate for Scotland was 19.1 per thousand of population.

There follows a comparison with the figures of previous years:—

| | | |
|-----------|--------------------|------|
| 1926-1930 | Average Birth-rate | 16.9 |
| 1931-1935 | Do. | 16.3 |
| 1936-1940 | Do. | 15.8 |
| 1941-1945 | Do. | 18.2 |
| 1946-1950 | Do. | 18.3 |
| 1951-1955 | Do. | 16.2 |
| 1956 | Birth-rate | 17.7 |
| 1957 | Do. | 18.0 |
| 1958 | Do. | 18.3 |
| 1959 | Do. | 19.0 |

The number of still-births registered after correction for transfers during the year was 16, giving a rate of 18 per thousand total births. The number of still-births registered for a number of years past, with the corresponding rates per thousand total births are as follows:—

| | | Still-births. | Rate per thousand total births. |
|-----------|-----------------|---------------|---------------------------------|
| 1941-1945 | Average | 26 | 31 |
| 1946-1950 | Do. | 25 | 29 |
| 1951-1955 | Do. | 21 | 28 |
| 1956 | | 19 | 23 |
| 1957 | | 17 | 20 |
| 1958 | | 22 | 25 |
| 1959 | | 16 | 18 |

Deaths.—The deaths registered after correction for transfers were 524, which is equivalent to a death-rate of 11.2 per thousand population. The death-rate (adjusted for age and sex distribution) was 12.1. The figure of 11.2 compares with 12.1 for Scotland and 11.5 for the large burghs. The following are the figures for preceding years (adjusted for age and sex distribution):—

| | | |
|-----------|--------------------|------|
| 1926-1930 | Average Death-rate | 12.2 |
| 1931-1935 | Do. | 12.3 |
| 1936-1940 | Do. | 12.6 |
| 1941-1945 | Do. | 11.8 |
| 1946-1950 | Do. | 11.4 |
| 1951-1955 | Do. | 11.3 |
| 1956 | Death-rate | 11.3 |
| 1957 | Do. | 11.2 |
| 1958 | Do. | 11.4 |
| 1959 | Do. | 12.1 |

Deaths from Infectious Diseases.—There were 3 deaths from the ordinary infectious diseases. Influenza 2, and cerebro-spinal fever 1.

Deaths from Cancer.—The deaths from cancer were 91, which is equivalent to a death-rate of 1.94 per thousand population as compared with 1.53 for the previous year. The following are the death-rates from cancer for a number of years:—

| | | |
|-----------|---------|------|
| 1931-1935 | Average | 1.48 |
| 1936-1940 | Do. | 1.38 |
| 1941-1945 | Do. | 1.49 |
| 1946-1950 | Do. | 1.65 |
| 1951-1955 | Do. | 1.63 |
| 1956 | Rate | 1.77 |
| 1957 | Do. | 1.70 |
| 1958 | Do. | 1.53 |
| 1959 | Do. | 1.94 |

CARE OF MOTHERS AND YOUNG CHILDREN.

Maternal Mortality.—The maternal mortality rate was nil. No deaths were recorded from causes related to pregnancy and child-birth.

Thirty years ago, as many as seven mothers were lost in the course of one year.

The introduction of the Maternity Services (Scotland) Act, 1937, was followed by improvement. The chief feature of this enactment was to ensure the provision of competent medical and nursing attendance of the mother in her own home, before, during, and after confinement, and also at the discretion of the medical practitioner, the advice and counsel of an approved obstetrician.

The year 1938 was the first time in the history of Dunfermline that there was no maternal mortality. It coincided with the opening of the Maternity Hospital, the appointment of a full-time obstetrician and the introduction of the sulphonamide drugs.

Thirty years ago, puerperal sepsis carried an enormous mortality, whereas to-day the control of infections by antibiotics plays a major part, so that it is rare to lose a mother in child-birth.

Infantile Mortality.—During 1959 there were 29 deaths among children under 1 year of age as compared with 26 deaths in 1958. The infant mortality rate for the year was 33 per 1000 live births, which compares with the rate of 28 for Scotland as a whole and 29 for the large burghs during the same period.

The following are the figures for previous years so far as they are available:—

| | | | |
|-----------|----------------------------------|-----|----|
| 1916-1920 | Average Infantile Mortality Rate | | 85 |
| 1921-1925 | Do. | do. | 79 |
| 1926-1930 | Do. | do. | 67 |
| 1931-1935 | Do. | do. | 58 |
| 1936-1940 | Do. | do. | 59 |
| 1941-1945 | Do. | do. | 57 |
| 1946-1950 | Do. | do. | 42 |
| 1951-1955 | Do. | do. | 30 |
| 1956 | Infantile Mortality Rate | | 30 |
| 1957 | Do. | do. | 28 |
| 1958 | Do. | do. | 31 |
| 1959 | Do. | do. | 33 |

A detailed study of the deaths shows that 16 of them occurred within 24 hours from birth. The following facts are also elicited:—Of the total deaths 25 (86 per cent.) occurred in the neo-natal period, that is during the first four weeks of life and were due to congenital malformations 5, pulmonary hyaline membrane 5, prematurity 3,

pneumonia 3, pulmonary haemorrhage 3, intra-cerebral haemorrhage 2, pulmonary embolism 2, bi-lateral supra-renal haemorrhage 1, and kernicterus of prematurity 1. The remaining 4 deaths were of infants over 4 weeks of age and were due to asphyxia (accidental) 3, and acute pneumonitis 1.

A more accurate indication of the mortality associated with birth is obtained by considering the neo-natal deaths and still-births together. The peri-natal rate (combined still-births, and neo-natal death-rates per 1000 total births) is 46.

Throughout the years the reduction of the infantile mortality has been dramatic and like many things in community life it cannot be ascribed to any one cause. Among the many factors that may be mentioned are better nutrition of the mother, better ante-natal care and midwifery, better housing and standards of living, the provision of welfare foods, the increased control over infectious diseases, and the child welfare system of home visitation and clinics which by health education and supervision of the individual has played no small part.

Expectant Mothers.—Health visitors discover expectant mothers in the course of visits to the homes for other purposes and from the registration lists for poliomyelitis vaccination. They satisfy themselves that adequate arrangements have been made for care and supervision and give advice and training in mothercraft.

Seventy-seven per cent. of the women arranged to be confined in the Maternity Hospital, where the Consultant Obstetrician supervised their ante-natal and post-natal care. General practitioners also referred cases to the Obstetrician for consultation.

Ante-natal and Post-natal Clinics.—(a) **Maternity Hospital.**—The ante-natal department of the hospital held seven clinic sessions a week throughout the year. At the ante-natal clinic 684 women made 6,400 attendances, showing a decrease of seven from the figure for the previous year in the number of women attending and a decrease of 487 in the total number of attendances. At the post-natal clinic 639 women made 771 attendances, showing an increase of 15 women and a decrease of 277 attendances.

(b) **District Nurses' Ante-natal Clinics.**—The district nursing sisters hold ante-natal sessions weekly at the Carnegie Clinic, Dunfermline, and the Nurses' Home, Rosyth, for women who are to be confined at home. During the year 209 women made 567 attendances, showing an increase of 24 women and 99 attendances.

Child Welfare Clinics.—There are seven child welfare clinics. The following table shows the attendances during the year at each of the clinics:—

| | AGE GROUP | Balridgeburn | Blacklaw | Inglis Street | Kingseat | Nethertown | Rosyth | Townhill | Totals |
|---|--------------|--------------|----------|---------------|----------|------------|--------|----------|--------|
| Number of children attending the clinics for the first time who were then :— | Under 1 year | 134 | 210 | 178 | 11 | 91 | 225 | 74 | 923 |
| | Over 1 year | 78 | 281 | 125 | 21 | 61 | 179 | 61 | 806 |
| Total number of children who attended and who on the date of their first attendance were :— | Under 1 year | 189 | 307 | 243 | 15 | 149 | 327 | 108 | 1,338 |
| | Over 1 year | 101 | 341 | 149 | 29 | 84 | 255 | 81 | 1,040 |
| Total number of attendances by children :— | Under 1 year | 1,474 | 2,546 | 2,103 | 125 | 1,651 | 3,071 | 1,111 | 12,081 |
| | Over 1 year | 379 | 1,310 | 613 | 102 | 630 | 1,232 | 424 | 4,690 |

The total number of children attending the clinics shows a decrease of 23 and the total number of attendances shows an increase of 2,065 in comparison with the figures for the previous year.

There should be a greater number of children attending the clinics. The recent mushroom growth of the Aberdour Road Housing Scheme area and the consequent movement of population farther and farther towards the periphery of the town is responsible for this. A large section of clinic clientèle transferred from central areas of the town find themselves a considerable distance from the nearest Blacklaw Clinic, a distance impeded by steep hills for pram pushing. The matter has been given careful consideration and the conclusion reached is that a new clinic is required to serve the eastern portion of the Aberdour Road Housing Scheme. A census has been taken of the pre-school children at present in the area and it amounts to 1,494, of whom 927 attend Blacklaw Clinic, leaving 567 uncatered for. It is hoped to complete 450 houses in this area by the end of 1960. Of this number 150 are for old people. This leaves 300 houses which will be tenanted by families with young children, and it is fair to assume that 400 of these children will be under school age. It appears reasonable to predict, therefore, that a new clinic would cater for approximately 1,000 children in the first instance.

It is estimated that 76 per cent. of the children born and resident within Dunfermline attended clinics during their first year

of life and further that 48 per cent. of all children under 5 years of age attended clinics during that age period.

While it is not possible here to deal at length with the ailments of these children, it is of interest to show something of the prevalence of the various troubles.

Advice was given regarding the following conditions:—

| | | | |
|---------------------------------------|-----|--|-----|
| Anaemia | 3 | Orthopaedic defects | 87 |
| Circulatory system defects | 9 | Parasitic intestinal conditions | 10 |
| Congenital abnormalities | 50 | Prematurity | 2 |
| Dental caries | 16 | Reaction to vaccination and inoculation | 11 |
| Dermatological conditions | 340 | Respiratory infections | 157 |
| Ear, nose and throat defects | 348 | Rickets | 5 |
| Gastro-intestinal conditions | 139 | Speech defects | 3 |
| Infectious diseases | 9 | Surgical conditions | 28 |
| Injuries | 24 | Teething difficulties | 119 |
| Mastitis | 23 | Thrush | 14 |
| Mental deficiency | 4 | Umbilical hernia | 4 |
| Neurological defects | 11 | Unhealed umbilicus | 55 |
| Nutritional defects | 205 | Urinary system defects | 41 |
| Ophthalmic defects | 132 | | |

During the year there was a total of 888 prescriptions issued at the clinics.

Welfare Foods.—The following Welfare Foods have been issued at the main centre at the Health Department, Carnegie Clinic, Pilmuir Street, and at the child welfare clinics:—

| | |
|------------------------------|-----------------|
| National dried milk | 13,452 tins. |
| Cod liver oil | 4,502 bottles. |
| Vitamin tablets | 2,479 packets. |
| Orange juice | 28,559 bottles. |

In addition the following proprietary foods were sold:—

| |
|-----------------------------|
| 7,222 packets of dried milk |
| 3,078 vitamin preparations. |
| 1,973 packets of cereals. |
| 86 other foods. |

Voluntary Workers.—It is with considerable pleasure that I again record my appreciation of the services of a number of ladies who act as voluntary workers at the child welfare clinics.

Throughout the years, this has been a remarkable feature of community life in Dunfermline which has withstood the test of time.

During the year assistance was received from:—

| | | |
|-------------------|---|--------------------------|
| Mrs. ANDERSON | } | At Rosyth Clinic. |
| Mrs. ARMSTRONG | | |
| Mrs. LAMERTON | | |
| Miss LEADBETTER | | |
| Mrs. RENNIE | | |
| Mrs. ROBB | | |
| Mrs. McKEY | | At Inglis Street Clinic. |
| Miss ROBERTSON | } | At Nethertown Clinic. |
| Miss B. ROBERTSON | | |
| Mrs. RUTHERFORD | | |

The first child welfare clinic started in June 1926 in a single small room in the basement of the City Chambers. At the opening session one mother and one infant attended! By the end of that year 120 children were attending. As time has gone on the clinics have become more and more popular with all classes of the community and children now attend in their thousands.

Much of the success of the child welfare clinics is attributable to the early pioneer work of the Carnegie Dunfermline Trust in the treatment of school children which was responsible for making the Dunfermline population clinic minded.

The success of this section of the Health Department's work has been a source of great satisfaction.

Day Nurseries.—Broomhead and Rosyth Nurseries were dealt with in full detail in last year's Annual Report. This is the first complete year during which the increased charges have operated. When these were instituted there was an exodus from both nurseries. It is felt that they are on the high side as many enquiries are received regarding accommodation, but when the cost is mentioned nothing further materialises.

The total number of attendances at the day nurseries was 7,269 and the total receipts £2,541, 12s. 6d.

Training of Nursery Nurses.—Both nurseries are approved training schools for the Nursery Nurses Certificate. The theoretical training is the responsibility of Fife Education Authority and was undertaken at Fod House Pre-Nursing School. Throughout the year the Education Authority were unable to provide staff to implement their commitments. Meantime the nursery staff has been reduced to the minimum.

Treatment Clinics.—The various school clinics also cater for pre-school children, and the number treated during the year is shown in the following tables:—

General Clinic.

| | Number of Cases. | Number of Attendances. |
|--|---------------------|---------------------------|
| Ear, nose and throat | 76 | 81 |
| Eye | 11 | 12 |
| Skin | 70 | 141 |
| Other conditions | 157 | 214 |
| Ultra-violet light treatment | 32 | 584 |
| Orthopaedic | 170 | 859 |
| Defective speech | 25 | 323 |
| Totals | 541 | 2,214 |

Dental Clinic.

| | |
|-------------------------------|-----|
| Number of cases | 195 |
| Number of attendances | 202 |

Specialist Clinics.—The Specialist clinics attached to the school health service are available to children under school age.

During the year Mr. Robert I. Stirling, F.R.C.S., the Orthopaedic Consultant, examined 77 children.

During the year 42 children were seen at the ear, nose, and throat clinic under the auspices of Mr. R. B. Lumsden, F.R.C.S.

Mr. C. R. Duncan Leeds, F.R.C.S., D.O.M.S., is the Consultant in charge of the eye clinic. Twenty-four children were examined, 25 re-examined, and 15 children had glasses fitted in the course of the year.

Routine Examination of Children (1-5 years of age).—Special sessions are held at the various child welfare clinics and the children examined by appointment. The system adopted is similar to that pertaining to school medical inspection and is undertaken by the medical staff who are virtually child health officers and responsible for the health both of the pre-school and school child.

During the year 41 sessions were held and 633 children examined. A total of 377 children were discovered to be suffering from some form of defect and appropriate treatment was initiated. Of that number 19 were referred to specialists. The main defective conditions were those of the ear, nose, and throat 101, and the skeletal system 91. A remarkable feature was the absence of nutritional defects which number only 30.

Pressure of work with the Poliomyelitis Vaccination Campaign was again responsible for the curtailment of this service during the year, and there was a decrease of 133 in the number of children examined.

Dental Care.—The School Dental Officer treated 195 pre-school children who made 202 attendances.

There was only one dental officer throughout the year. Expectant and nursing mothers and young children are referred to dental practitioners of their own choice.

Prevention of Break-up of Families.—The health visitors made frequent visits to a total of 75 problem families during the year. Twenty families were removed from the list, having ceased to be a problem meantime, and 11 families showed a marked improvement

The co-ordinating committee from the various departments continued to meet at monthly intervals.

A scheme is in process of preparation for the stricter supervision of such families.

Children's Homes.—The Martha Frew Children's Home under the auspices of the Children's Department provides approximately 34 places for deprived children.

The medical supervision is undertaken by the Medical Officer of Health. The Health Department medical staff examine the children prior to admission and attend to their medical needs while resident.

Bandrum Children's Convalescent Home. — By arrangement between Dunfermline Town Council and the South-Eastern Regional Hospital Board, the Medical Officer of Health acts as Medical Superintendent of this institution.

Children requiring a period of convalescence are admitted from the various hospitals serving the South-Eastern Scotland Region, from the child welfare and school clinics or by recommendation from their own family doctor.

At the beginning of the year 21 children were in residence and 195 were admitted during the year, making a total of 216 children (109 boys and 107 girls). The average gain in weight was 2 lbs. 8 oz.

MIDWIFERY.

Eight full-time nurse/midwives and one part-time nurse are employed, also two midwives in private practice on a case basis.

During the year 12 pupil midwives from the Maternity Hospital received instruction and district training. An Assistant Medical Officer of Health gave three courses of seven lectures each to the pupil midwives at the Maternity Hospital.

Transport.—Two motor cars are provided for the senior nursing sisters. Transport is also obtained from the public services and taxis are engaged when necessary.

Maternity Packs and Outfits. — Two hundred and twelve maternity packs were issued for domiciliary confinement. Eleven maternity outfits were supplied on loan to suitable cases on application by midwives only. The outfits consist of bed linen and towels, and are for use for a period of three weeks from the date of confinement.

Supervision of Midwives.—The registers, temperature charts, and appliances of all midwives practising within the burgh were inspected and the midwives interviewed by the Obstetrician.

Domiciliary Confinements. — Two hundred and thirty-four applications for maternity services were received during the year, which compares with 204 for the previous year. One hundred and sixty confinements were conducted which compares with 167 during 1958. In addition 39 cases who received ante-natal care from the domiciliary midwives were removed to hospital for confinement on account of some emergency, of this number 11 were discharged home soon after confinement and received post-natal care from the domiciliary midwives.

All but one of the domiciliary midwives are qualified to administer gas and air analgesia and trilene. One set of gas and air apparatus and two sets of trilene apparatus were in use during the year. Gas and air analgesia was administered by midwives in 7 cases, trilene in 79 cases, and pethidine in 89 cases. The comparable figures for 1958 were 5, 82, and 98.

The following table gives details of the work done during the year:—

| | |
|--|-------|
| Total No. of Births, including still-births, notified during the year that is before correction for mother's residence | 1,766 |
| (i) Cases dealt with under Section 23 (2) of the National Health Service (Scotland) Act, 1947— | |
| (a) Doctor engaged and present at confinement .. | 90 |
| (b) Doctor engaged and not present at confinement, | 69 |
| (c) Midwife alone (no doctor engaged) | — |
| (ii) Other domiciliary cases— | |
| (a) Doctor engaged | — |
| (b) Midwife alone (no doctor engaged) | — |
| (c) Without doctor or midwife | 1 |
| (d) All other cases | — |
| (iii) Cases conducted at Maternity Hospital | 1,606 |

HOME NURSING.

The duties of the Home Nursing Service continue to be carried out by eight full-time nurse/midwives and one part-time nurse. They attended and made 15,682 visits to patients in their own homes

during the year, showing an increase of 569 visits over its predecessor. The following table gives details of the work:—

| | Patients. | | | | | Visits. | | | | |
|--------------|-----------|-----------|------------|---------|---------|----------|-----------|------------|--------|--------|
| | Medical | Surgical. | Midwifery. | Others. | Totals. | Medical. | Surgical. | Midwifery. | Others | Totals |
| Dunfermline | 413 | 64 | 115 | 6 | 598 | 9,251 | 1,516 | 2,131 | 223 | 13,121 |
| Rosyth... .. | 82 | 21 | 85 | 3 | 191 | 1,009 | 277 | 1,144 | 131 | 2,561 |
| Totals ... | 495 | 85 | 200 | 9 | 789 | 10,260 | 1,793 | 3,275 | 354 | 15,682 |

The type of nursing has undergone a progressive change in recent years. Three hundred and fifty-five patients were of the age group sixty-five years and over and 8,287 visits were made to them, amounting to 53 per cent. of the total nursing visits of the entire service, which in no small measure must relieve the pressure on hospital beds.

A considerable amount of injection therapy was carried out in the course of the year. A total of 4,483 injections were given, of which insulin accounted for 2,827, streptomycin 391, and others 1,265.

Medical Loan Depot.—The local branch of the British Red Cross Society continue to maintain within their premises at 62 New Row, a store of selected surgical and medical appliances which are available to the nurses when required.

HEALTH VISITING.

As stated in previous reports where their duties were detailed, the health visitors are general purpose family visitors. They undertake the care of mothers and young children, they are the school nurses and tuberculosis nurses. They play an ever increasing part in maintaining the health and well-being of the elderly and in dealing with problem families and the prevention of their break-up.

While the approved establishment is twenty-two, it has only been possible to maintain an average staff of sixteen throughout the year. Recruitment of nurses possessing the Health Visitors' Certificate has been most difficult and appears to show no sign of improving. With the basic difficulty of recruitment and the multifarious duties which health visitors are now called upon to perform, widening the scope of the service is impeded.

The number of people of pensionable age in Dunfermline remained at approximately 7,000 at the end of 1959. The Social Services Officer has compiled a list of old people and at the end of the year it contained 1,483 names. Priority in visiting was given to those living alone and to those who were handicapped and house-bound. The main purpose is to discover the people who require help and to spread general information of the help available and thus set in motion the wheels of both statutory and voluntary services. The number of elderly persons visited was 656, and a total of 1,202 visits made.

It is common knowledge that many people are living longer due to the effect of modern drugs and treatment, but it has to be remembered that the proportion of all deaths attributable to heart and circulatory conditions has remained relatively constant. If research into these problems meets with success and results in the death-rate being reduced, then the problem among the old will be greatly increased.

It appears to me that in the foreseeable future the care of the elderly may be a field as large as that of child welfare to-day.

The following table is a record of the visits made by health visitors during the year and shows an increase of 50 persons visited and a decrease of 3,454 visits from the number of the previous year:—

| | No. Visited. | Total Visits. |
|---|--------------|---------------|
| Expectant mothers | 434 | 840 |
| Children under 1 year of age | 1,763 | 10,328 |
| Children between the age of 1 and 5 | 3,165 | 11,521 |
| Tuberculosis cases | 252 | 1,080 |
| Other cases | 249 | 311 |
| Elderly people | 656 | 1,202 |
| Totals | 6,519 | 25,282 |

It is a far cry from the days of one health visitor for the whole of Dunfermline. The development of this service has also been a source of great satisfaction. It has gradually and steadily progressed. First it dealt with young children, then school children, and now with the whole family as a unit with all the consequent ramifications.

I feel that, throughout the years, the health visitors have made a great contribution towards the health of Dunfermline and their work deserves the highest praise.

DOMESTIC HEALTH SERVICE.

There has been a slight increase in the total number of cases assisted, 257 cases as compared with 249 cases in 1958. One hundred and eight cases were carried forward from the previous year and 186 new applications were received. Assistance was given on account of the following conditions:—Elderly and infirm 177, chronic sick 25, general illness 35, maternity cases 15, and tuberculosis 5. At the end of the year 111 householders were in receipt of the service and one whole-time supervisor and 48 part-time domestic helps were employed.

During the year the charge was 3/- per hour, but this is subject to a reduction where financial circumstances warrant it.

Of the 257 persons who received assistance 125 paid full-rate, 4 paid reduced rate, and of the 128 who paid the minimum charge, 89 received additional allowances from the National Assistance Board to enable them to pay the charge.

The elderly and infirm provide the heaviest demand on the service, a demand which is increasing annually and not likely to diminish as the years go on.

There is no doubt about the great value of this service, which enables people to remain in their own homes, alleviates much human suffering, and in a general way makes a material contribution to the health and welfare of the citizens.

VACCINATION AND IMMUNISATION.

Vaccination against Smallpox.—Details of vaccination notified during the year are as follows:—

[illegible]

Of the 743 persons who received primary vaccination 498 were children born in 1959 and 206 were children born in 1958. This shows an increase of 49 over the number for the previous year.

General practitioners notified 183 primary vaccinations and 70 re-vaccinations and 560 primary vaccinations and 5 re-vaccinations were carried out at the local authority clinics.

The Registrar of Births continues to issue a special propaganda leaflet prepared by the Medical Officer of Health to every parent registering a birth. Propaganda is also carried out at the child welfare clinics and by the health visitors in the course of their routine visits to the homes.

Immunisation against Diphtheria. — This is now the twelfth consecutive year in which there has been no case of diphtheria in Dunfermline and it is fifteen years since there was a death from this disease. Thirty years ago it was common to have over a hundred cases per annum with a three to four per cent. mortality. Immunisation against diphtheria commenced in the late nineteen thirties and assumed the proportions of a campaign in the early nineteen forties when it became a national effort. The credit for the prevention of the disease must be given to the widespread immunisation campaign throughout the country. When a certain level of national immunity is obtained, diseases such as diphtheria become rare except in certain pockets in large cities and isolated rural communities. The danger still exists, however, and with the continued absence of the disease there is arising a generation who have only heard of the disease and never seen it. In these circumstances it is more than ever necessary to maintain the immunity at the highest level possible.

It is estimated that at the end of the year 84 per cent. of all children received protective inoculations.

During the year 862 children were given a full primary course of immunisation against diphtheria and 1,942 children received reinforcing inoculations as school entrants and at the age of 10 and 15 years. One hundred and eighty-nine inoculations were given by general practitioners and 2,615 inoculations were given by the Health Department medical staff.

Triple Antigen.—Triple antigen has now been in use for four years. It proves acceptable to mothers as only three attendances are necessary to provide protection for their children against diphtheria, whooping cough, and tetanus.

Immunisation against Whooping Cough.—During the year 856 children up to 15 years of age were given a full course of protection against whooping cough by the following means:—Triple Antigen, 771; Diphtheria/Pertussis, 84; and Pertussis only, 1.

Vaccination against Poliomyelitis. — Throughout the year vaccination against poliomyelitis was available to persons born between 1933 and 1958 inclusive, also expectant mothers and infants reaching the age of six months. Other priority groups included general practitioners and their families, hospital staffs, ambulance staff and their families.

During the year 4,075 persons received two injections. At the end of the year a total of 14,611 had completed two injections, 10,432 had completed three injections, 311 had received one injection, and 97 applicants awaited vaccination.

Special vaccination sessions were organised at schools, child welfare clinics, and ante-natal clinics, also open sessions for the older age groups.

General practitioners also participated, the vaccine being supplied by the Health Department for registered persons in their practice.

At the end of the year 83 per cent. of the eligible population of children had been vaccinated, 77 per cent. of expectant mothers, and 39 per cent. of the 15-25 age group. It is rewarding to note that no case of poliomyelitis occurred within the burgh during the year.

PREVENTION OF ILLNESS—CARE AND AFTER-CARE.

TUBERCULOSIS.

Notifications.—There were 36 new notifications of respiratory tuberculosis compared with 32 the previous year. Ten years ago the number of new notifications was 50.

The number of notifications of non-respiratory tuberculosis was 6 compared with 2 for the previous year.

Examination of Contacts.—The Chest Physician was responsible for the examination of 879 contacts of cases of respiratory tuberculosis and 11 active cases were discovered.

Hospital Treatment.—During the year 28 cases of respiratory tuberculosis were admitted to sanatoria. Together with the number in residence at the beginning of the year a total of 34 patients were treated, which compares with 47 for the previous year.

There is now no waiting list for treatment.

Housing.—Every endeavour is made to adequately house families in which there is a case of tuberculosis. During the year 27 families were re-housed.

Domiciliary Visits.—These are made by the health visitors according to the needs of the case. Where recommended by the Chest Physician, streptomycin injections and in some instances viomycin injections are given.

During the year 252 persons were visited by the health visitors and the total number of visits was 1,080. This compares with 252 persons and 1,651 visits for the previous year.

At these visits opportunity is taken of explaining the scheme of assistance grants payable by the National Assistance Board.

Medical comforts are supplied when considered necessary and in cases of financial hardship free milk to the extent of 2 pints per day and Virol free of charge are issued. During the year the following number of patients received milk:—

| In receipt of benefit on 1/1/59. | Granted benefit during the year. | Ceased benefit during the year. | In receipt of benefit on 31/12/59. |
|--|-------------------------------------|------------------------------------|--|
| 13 | 12 | 10 | 15 |

One hundred and sixty 8 oz. cartons of Virol were issued during the year.

Bedding and toilet requisites are available on loan from the Health Department and Red Cross Depot.

B.C.G. Vaccination.—Preliminary tuberculin testing and B.C.G. vaccination with conversion reading of school leavers was undertaken by the medical staff and health visitors. B.C.G. vaccination of all other categories was performed by the Chest Physician.

School leavers who were found to have a positive reaction in the preliminary testing were referred for x-ray examination. No cases of active tuberculosis were detected in this group.

The following table shows the numbers tested and vaccinated during the year:—

| | Tuberculin tested. | | Negative re-actors. | | Vaccinated during 1959. | |
|---|--------------------|-----|---------------------|-----|-------------------------|-----|
| | M. | F. | M. | F. | M. | F. |
| (1) Nurses | — | — | — | — | — | — |
| (2) Medical Students | — | — | — | — | — | — |
| (3) Contacts | 85 | 82 | 57 | 45 | 32 | 27 |
| (4) Special Groups not included in (1) to (3) above:— | | | | | | |
| (a) School leavers.. . . . | 337 | 353 | 291 | 318 | 291 | 318 |
| (b) New born babies | — | — | — | — | 14 | 11 |
| (c) Students | — | — | — | — | — | — |
| (5) Others | — | — | — | — | — | — |

Since 1950, 9,008 persons have been tested and of these 5,944 have been vaccinated against the disease.

In 1926, there were as many as 90 cases of tuberculosis notified and there were 31 deaths.

The notifications are now only one-third of that figure and in the year under review there were only two deaths, giving the incredibly low death-rate of 0.04 per 1000 for all forms of the disease.

There has been nothing more heartening than the progress made with regard to tuberculosis. More cases of early treatable disease are being discovered. There is now no waiting list for sanatorium treatment, so that rapid admission and improved methods of treatment have brought great hope to the sufferer and satisfaction to those concerned with control of the disease, indeed this century, with all its anxieties and stresses, can really be proud of the victory over tuberculosis.

Powerful drugs and antibiotics have been discovered and it is even possible to treat active cases of tuberculosis in their own homes with some guarantee of success.

For eradication, however, vaccination appears to be the solution as immunisation was in the case of diphtheria. In this town there is a high percentage rate of acceptance of B.C.G vaccination, which, if maintained, promises great hope for the future.

CHIROPODY.

The chiropody service continues to be provided on behalf of the local authority by two voluntary organisations. Dunfermline

District Nursing Association and Dunfermline and Rosyth Old People's Welfare Committee.

There are two clinics, one in Dunfermline and one in Rosyth. Domiciliary visits for treatment are arranged as required.

The elderly use this service most and it makes an important contribution to their welfare.

The health visitors in the course of their visits to old people recommend many for treatment and applications are received by the Social Services Department and voluntary organisations direct.

PREVENTION OF HOME ACCIDENTS.

The Registrar-General gives a provisional figure of 11 fatal accidents in the home for the year 1959, which compares with 9 for the previous year and is equivalent to a rate of 24 per 100,000 of estimated population.

The local hospitals notify the Medical Officer of Health regarding patients admitted on account of non-fatal home accidents.

Forty-two such notifications were received comprising of burning accidents 20, coal gas poisoning 8, asphyxia 1, and others 13.

On receipt of these notifications the health visitors make a special visit to the homes to investigate the circumstances of the accident and to advise and give guidance on preventive measures.

The health visitors visit the homes of practically all young children and an increasing number of the homes of the elderly. They give considerable time to teaching accident prevention in the home and distribute propaganda literature, particularly the leaflet, "Death Traps in the Home." There is a Home Safety Committee with wide representation which meets at monthly intervals.

HEALTH EDUCATION.

During the year members of the Health Department spoke on various health topics to pre-formed audiences in Women's Guilds, Clubs, etc. This has been found by experience to be a more rewarding method than attempting to organise large-scale film shows or public meetings. It is a more intimate method and provides greater opportunity for answering individual questions.

The health visitors take every opportunity both in the clinics and in the homes to foster the principles of healthy living and accident prevention.

SMOKING AND LUNG CANCER.

During the year 1959 there were 18 deaths attributed to lung cancer (17 males and 1 female) which is two more than for the previous year.

This appears to be propaganda which falls on stoney ground. Once young people have started smoking it becomes increasingly difficult to give up the habit. With this in view, literature produced by the Scottish Council of Health Education is freely available, particularly leaflets to boys and girls of school leaving age to whom they are individually distributed.

The facts are presented as thoroughly as possible to the public. What people do with the information is finally their own responsibility.

CONTROL OF INFECTIOUS DISEASES.

The corrected total number of cases of notifiable infectious diseases (including all forms of tuberculosis) during the year was 997, which compares with 293 for the previous year. The increase was due to the higher incidence of measles. The highest number of notifications occurred in the second quarter.

Cerebro-spinal fever.—Five cases of this disease were notified as compared with none for the previous year. All cases were treated in hospital. There was one death.

Diphtheria.—For the twelfth consecutive year no case of this disease was confirmed. This is dealt with in the section of this Report under Vaccination and Immunisation.

Dysentery.—Fifty-seven cases of dysentery were notified as compared with 8 for the previous year. Of this number 47 were confirmed cases of bacillary dysentery and 45 were treated in hospital.

Erysipelas.—Nine cases of erysipelas were notified and in 8 instances the diagnosis was confirmed, this compares with 6 cases for the previous year. Three cases were treated in hospital.

Food poisoning.—No cases of food poisoning were notified during the year.

Measles.—There was a considerable incidence of this disease particularly in the second quarter of the year. Although only the first case occurring in a household is notifiable, 596 notifications were received. Ten cases were treated in hospital.

Pneumonia.—(a) Broncho-pneumonia. Seventy-seven cases of this disease were notified during the year, of which number in 59 instances the diagnosis was confirmed. Fifty-six cases were treated in hospital.

(b) Lobar pneumonia. Sixty-two cases of lobar pneumonia were notified during the year and in 48 instances the diagnosis was confirmed. Thirty-six cases were treated in hospital.

(c) Influenzal pneumonia. Seven cases were notified and treated in hospital.

The number of deaths at different age groups from all forms of the disease, excluding pneumonia of the new born, is shown as follows:—

| Age. | Number. |
|------------------------|---------|
| Under 1 year | 1 |
| 1- 5 years | 2 |
| 55-65 years | 1 |
| 65-75 years | 4 |
| 75-85 years | 5 |
| Total | 13 |

This compares with 19 deaths for the previous year.

Paratyphoid B. fever.—One case of paratyphoid B. fever was notified, the diagnosis confirmed and the case treated in hospital.

Poliomyelitis.—There were no notifications of this disease.

Scarlet fever.—One hundred and eighty-one cases of scarlet fever were notified and the diagnosis was confirmed in 172 cases. This compares with 90 cases for the previous year. One hundred and seventy-one cases were treated in hospital.

Twenty-one persons who were contacts and whose employment necessitated the handling of food supplies were temporarily suspended from work whilst awaiting clearance throat swabs.

Whooping cough.—Nine cases of whooping cough were notified, and one case treated in hospital.

Tuberculosis.—Of the respiratory type of the disease there were 335 cases on the register at the beginning of the year. During the

Venereal Diseases.—The investigation and treatment of these diseases is carried out at the Special Treatment Centre at the Dunfermline and West Fife Hospital.

The trend of the various venereal diseases is shown in the following figures:—

| | Syphilis. | Gonorrhoea. | Non-specific Venereal Infections. |
|----------------|-----------|-------------|--------------------------------------|
| 1951 | 1 | 11 | 7 |
| 1952 | 2 | 7 | 19 |
| 1953 | 2 | 11 | 11 |
| 1954 | — | 10 | 16 |
| 1955 | 2 | 14 | 20 |
| 1956 | 3 | 13 | 34 |
| 1957 | 3 | 13 | 23 |
| 1958 | 1 | 10 | 22 |
| 1959 | 1 | 6 | 9 |

Milesmark Hospital.—By an agency arrangement between Dunfermline Town Council and the South-Eastern Regional Hospital Board, the Medical Officer of Health acts as Medical Superintendent and the clinical duties of the hospital are undertaken by the medical members of the Health Department staff.

The position, therefore, continues as it was prior to the National Health Service Act, so that in effect the admission of patients suffering from acute infections remains in the hands of the preventive authority.

While the hospital admits patients not only from Dunfermline but from a wide area of West Fife and Kinross County, this arrangement has been of inestimable value to the Health Department of Dunfermline as the preventive authority, for the hospital is a place in and from which a great deal of preventive work can be carried out in relation to the observation of contacts and immunisation. The daily stimulus of contact with the patients while under treatment in the hospital has been given to the medical officers working in the field and the arrangement has proved a valuable means of co-operation with the general practitioner service and co-ordination with the hospital services as a whole.

It has to be emphasised that despite the changes which have taken place in the vast field of infectious diseases, there is as much need as ever for early ascertainment and initiation of preventive action.

One hears from other health departments of the difficulties which arise over failure to implement the statutory obligation to notify infectious disease “forthwith on becoming aware.” This difficulty has not arisen in Dunfermline as hospital admission has been invariably sought prior to notification.

At the time of writing there is a movement afoot to terminate this agency agreement. One can only say that while the needs of wider fields may be acknowledged, this can only be viewed with the feelings of profound regret which mark the end of an epoch.

In addition to dealing with infectious diseases, the hospital now has an extended use and provides beds on a liberal scale for geriatric, gynaecological, medical, surgical, and orthopaedic conditions.

Of the 1,096 patients treated during the year, 654 were from Dunfermline.

MENTAL HEALTH SERVICES.

The Occupational Centre, a new building with modern equipment, under the auspices of Fife Education Authority, provides places for the care of 40 children. At present 31 children attend.

Educationally sub-normal children are provided for in classes at McLean School. Approximately 100 children attend.

The Education Authority provide a Child Guidance Clinic. A Psychiatric Clinic, staffed by the Mental Hospital Board, is provided at Milesmark Hospital.

No occupational centre for adults is provided.

Mental Illness.—Arrangements were made by the Authorised Officers for the certification and removal of 27 patients to hospital. Assistance was given in a further 9 cases seeking treatment on a voluntary basis.

The following table shows the age groups of certified patients admitted to Stratheden Hospital:—

| Age. | Males. | Females. |
|-----------------------------|--------|----------|
| 16 years—60 years | 6 | 11 |
| 60 years and over | — | 10 |
| Total | 6 | 21 |

Mental Deficiency.—Mental defectives are ascertained through the child welfare and school medical services. Supervision is carried out by the health visitors and the Authorised Officers, the latter of whom made 170 domiciliary visits during the year.

In the period under review no new mental defectives were certified. Two were transferred from guardianship and placed in institutions. At the close of the year 58 mental defectives were on the register, of that number 14 were under guardianship and

44 were in institutions. In addition, one mental defective belonging to another authority and 8 uncertified cases were under supervision.

The greatest difficulty is experienced in finding institutional accommodation and the provision of additional beds is urgently required.

The Dunfermline and District Voluntary Association for Mental Health has had another active year.

Public meetings were arranged at which specialist speakers dealt with the various aspects of mental health.

A Mothers' Club with fortnightly meetings is organised by the Association as is a Youth Club for mental defectives where occupational training is given.'

The Town Council made a grant of £50 to the Association and the appropriate officials attended the meetings as assessors.

SCHOOL HEALTH SERVICES.

The Carnegie Dunfermline Trust pioneered the medical inspection and treatment of school children by inaugurating a scheme in 1905. In 1910 the first school clinics were opened in the Old Baths and in property in the New Row. This was followed in 1913-14 by the erection of the College of Hygiene and Clinic buildings which in lay-out and equipment were in advance of anything to be found in towns of comparable size in Great Britain. This building was purchased by the Town Council, renamed the Carnegie Clinic and opened in 1951. It undertakes to a large extent the functions of a health centre.

The early pioneer work of the Carnegie Trustees attracted much attention from child health experts not only in this country but overseas and was one of the most worthwhile enterprises ever undertaken by them.

Following the passing of the Local Government (Scotland) Act, 1929, the duties of school medical inspection became the responsibility of Fife County Council as Education Authority and an agreement was made with Dunfermline Town Council whereby the latter acted as agents for this purpose. School medical inspection has been incorporated in the duties of the Health Department since February 1931. School medical treatment continued in the hands of the Carnegie Dunfermline Trust and it was not until 1947, following the death of Dr. H. Emslie Smith, that it too was incorporated into the work of the Health Department. The Trustees have maintained

a financial interest and diminishing grants will continue until the end of 1960.

Throughout the last fifty years there has been laboriously built up a service which is generally acclaimed as being second to none. A service which, but for the munificence of the Carnegie Dunfermline Trust would not have been possible. Children look on attendance at the Clinic as a habit and the building for long has been regarded as forming part of the life of the community, indeed the success of all our clinics has stemmed from this basic fact.

School Medical Inspections.—Number of school children in Dunfermline—7,720.

School medical inspections were carried out on the usual lines.

The following table shows the number of children examined:—

| A. SYSTEMATIC EXAMINATIONS. | Number of Children Examined. | |
|-----------------------------|------------------------------|--------|
| | Boys. | Girls. |
| Entrants | 373 | 366 |
| Nine year olds | 248 | 345 |
| Thirteen year olds | 267 | 375 |
| Sixteen year olds | 72 | 54 |
| Totals | 960 | 1,140 |
| <hr/> | | |
| B. OTHER EXAMINATIONS. | Boys. | |
| | Boys. | Girls. |
| Special cases | 158 | 183 |
| Re-inspections | 45 | 33 |
| Non-routines | 109 | 57 |
| Totals | 312 | 273 |

Number of individual children inspected at systematic examinations who were notified to parents as requiring treatment excluding uncleanliness and dental caries:—

| | Boys. | Girls. |
|--------------------------------------|-------|--------|
| Entrants | 46 | 42 |
| Nine year olds | 22 | 24 |
| Thirteen year olds | 7 | 19 |
| Sixteen year olds | 1 | 1 |
| Other systematic examinations.. .. . | — | — |
| Totals | 76 | 86 |

| | |
|---|-----|
| Number of School Medical Inspection Sessions | 188 |
| Refraction Clinics (Specialist) | 33 |
| Number of Diphtheria Immunisation Sessions at Schools | 35 |
| B.C.G. Vaccination Sessions | 10 |
| Poliomyelitis Vaccination Sessions | 55 |

Nutrition.—Of the 2,100 school children examined during the year 105 or 5.0 per cent. were found to suffer from slight nutritional defect and 5 or 0.23 per cent. from marked nutritional defect.

Attendance of Parents.—A notice of the forthcoming medical inspection is sent to the parents of each child and they are invited to attend.

Of the 739 entrant infants examined, 513 were accompanied by parents, and of 1,361 other children examined, parents were present in 331 instances.

Refusal of Medical Inspection.—There were no refusals of medical inspection.

Health Visitors' Inspections.—The health visitors carry out inspections of heads and clothing and where necessary refer cases to the school clinic for treatment. "Follow-up" visits were also made to ensure that their suggestions and instructions were being acted upon.

| | |
|--|--------|
| Number of inspections of children by health visitors | 14,549 |
| Number reinspected (<i>i.e.</i> children with defects at a previous inspection) | 1,029 |
| Number of homes visited | 106 |

School Medical Treatment.—This is the second year that the treatment of school children ceased to be under the direct auspices of the Carnegie Dunfermline Trust which, however, continues to make an annual grant towards its cost.

General Clinic.

| | No. of Cases. | No. of Attendances. |
|------------------------------|------------------|------------------------|
| Defective speech | 34 | 606 |
| Ear, nose and throat | 255 | 468 |
| Eye | 226 | 391 |
| Orthopaedic | 435 | 4,267 |
| Other conditions | 1,705 | 3,301 |
| Skin | 915 | 3,951 |
| U.V.R. treatment | 50 | 929 |
| Totals | 3,620 | 13,913 |

Dental Clinic.

| | |
|----------------------------|-------|
| Dental inspections | 1,085 |
| No. of cases | 2,164 |
| No. of attendances | 4,253 |

Specialist Clinics.—(a) Dental Clinic.—Seven specialist clinics were held during the year at which 172 school children were seen by the Consultant.

(b) Ear, Nose, and Throat Clinic.—Seven specialist clinics were held during the year at which 114 school children were seen.

(c) Eye Clinic.—Ophthalmic treatment of school children was carried out by the Consultant. The report of the year's work in this Clinic is shown in the following table:—

| Number of sessions 33 | | | | | | | | |
|-------------------------------|---------------------------|--------|---------|--------|------------------------------|--------|---------|--------|
| | No. of cases Examined. | | | | No. of cases re-examined. | | | |
| | Burgh. | | County. | | Burgh. | | County. | |
| | Boys. | Girls. | Boys. | Girls. | Boys. | Girls. | Boys. | Girls. |
| Hypermetropia.. .. . | 9 | 9 | — | — | 23 | 26 | 1 | 5 |
| Hypermetropic astigmatism .. | 11 | 8 | 1 | — | 32 | 39 | 8 | 3 |
| Myopia | 25 | 30 | — | 2 | 51 | 49 | 11 | 2 |
| Myopic astigmatism | 9 | 7 | — | — | 19 | 20 | — | 2 |
| Mixed astigmatism | 4 | — | — | — | — | 5 | — | 1 |
| Emmetropia | 13 | 13 | — | — | 16 | 13 | — | 1 |
| External eye condition | — | — | — | — | — | — | — | — |
| Totals | 71 | 67 | 1 | 2 | 141 | 152 | 20 | 14 |
| Both Sexes | 138 | | 3 | | 293 | | 34 | |
| | | | | | Burgh. | | County. | |
| | | | | | Boys. | Girls. | Boys. | Girls. |
| Frames fitted | | | | | 128 | 128 | 13 | 7 |

(d) Orthopaedic Clinic.—Eleven specialist clinics were held during the year at which 257 children were seen by the Consultant.

Co-operation of Teachers.—Headmasters and teachers continue to co-operate and proved very helpful in referring ailing children for examination. Their interest and assistance are invaluable and greatly facilitate the work of school medical inspection.

Special Medical Examination of Mentally and Physically Handicapped Children.—Eight mentally handicapped and two physically handicapped children were examined and initial reports forwarded to the County Medical Officer of Health.

PORT HEALTH ADMINISTRATION.

The arrangements made under the Public Health (Ships) (Scotland) Regulations, 1952, were satisfactory.

A total of 38 ships arrived at Rosyth from foreign ports and all were granted pratique.

THE DEVELOPMENT OF PREVENTIVE MEDICINE.

Forty-six per cent. of the total hospital beds in Scotland are used for the care and treatment of the mentally sick. It is no surprise, therefore, that there has emerged among public administrators, educationists, church authorities, and voluntary associations a growing recognition of the importance of mental health work. Even more significant is the steadily changing attitude of the general public resulting in the widespread realisation of the need for the promotion of positive mental health.

The promotion of this positive mental health presents a challenge to the local authority.

At the present time attention is in most cases directed to giving help when problems have arisen rather than in attempting to prevent them.

Probably two of the essential factors in promoting and maintaining mental health are the maintenance of sound physical health and a sound environment in the widest sense, especially in early life during the formative years.

At present, child welfare clinics and school clinics are mainly concerned with physical health, for example, medical examinations for physical defects, feeding problems and immunisation procedures, so that little or no time is given to the discussion of emotional development and family problems. Yet most authorities agree that the vital period for the development of a stable or unstable personality is six months to six years and with efforts almost wholly directed to physical health, the opportunity for promoting mental health at this all important period is missed.

The matter calls for a readjustment of outlook regarding the work of child welfare and school clinics, but its development is dependent upon a sufficiency of suitably trained staff for the purpose.

Another major problem of the present day is the ageing population with the consequent increasing number of chronic sick, both physical and mental.

There is no doubt that prompt and adequate attention to the physical needs of the elderly is a vital prophylactic against mental deterioration.

In this area the provision of home helps, meals on wheels, a chiropody service, and regular visits by health visitors and social workers produces good results and goes a long way to alleviate loneliness among the elderly.

So far no geriatric clinic exists for the early detection of defects and their correction before they become crippling. A clinic of this type is urgently required, but it is felt that, until the Geriatrician can get sufficient hospital beds to deal with already established "hospital" cases, it seems futile to make the attempt. What is envisaged is a clinic to which the elderly could come or be referred by their family doctor for a check-up, serviced by the Geriatrician and local authority staff to deal with the clinical and social aspects of each case.

APPENDIX I.

Cases of Infectious Diseases (excluding Tuberculosis) notified from
1st January 1959 to 31st December 1959.

| Disease. | | Number of Cases coming to the knowledge of the Medical Officer of Health and accepted by him as suffering from the stated disease. | | | | | | | | | | |
|--------------------------|----|---|----------|----------------|-----------------|------------------|------------------|------------------|------------------|-----------------|-------------------------------|-----------------------------------|
| | | At Age—Years. | | | | | | | | | | Cases not removed to Hospital. |
| | | At all ages | Under 1. | 1 and under 5. | 5 and under 15. | 15 and under 25. | 25 and under 35. | 35 and under 45. | 45 and under 65. | 65 and upwards. | Cases removed to Hospital. | |
| Cerebro-spinal fever ... | M. | 4 | 2 | 1 | ... | 1 | ... | ... | ... | ... | 4 | ... |
| | F. | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | 1 | ... |
| | | 1 | ... | ... | ... | ... | ... | 1 | ... | ... | 1 | ... |
| Chickenpox ... | M. | 1 | ... | ... | ... | ... | ... | 1 | ... | ... | 1 | ... |
| | F. | 2 | ... | 2 | ... | ... | ... | ... | ... | ... | 2 | ... |
| Dysentery ... | M. | 20 | ... | 7 | 8 | ... | 3 | ... | 1 | 1 | 20 | ... |
| | F. | 27 | 2 | 9 | 8 | 5 | 1 | ... | ... | 2 | 25 | 2 |
| Erysipelas ... | M. | 5 | ... | ... | ... | ... | ... | ... | 3 | 2 | 2 | 3 |
| | F. | 3 | ... | 1 | ... | ... | ... | ... | 1 | 1 | 1 | 2 |
| Measles ... | M. | 295 | 4 | 121 | 170 | ... | ... | ... | ... | ... | 3 | 292 |
| | F. | 301 | ... | 121 | 180 | ... | ... | ... | ... | ... | 7 | 294 |
| | | 1 | ... | ... | ... | ... | ... | ... | 1 | ... | 1 | ... |
| Pneumonia, acute | M. | 5 | ... | ... | ... | ... | ... | 1 | 4 | ... | 5 | ... |
| influenzal ... | F. | 2 | 1 | ... | ... | ... | ... | 1 | ... | ... | 2 | ... |
| Pneumonia, acute | M. | 27 | ... | 3 | 3 | 1 | 1 | 2 | 6 | 11 | 20 | 7 |
| primary ... | F. | 21 | ... | ... | 3 | 1 | 1 | 1 | 7 | 8 | 16 | 5 |
| Pneumonia (not | M. | 32 | 5 | 11 | 4 | 1 | ... | ... | 4 | 7 | 30 | 2 |
| otherwise notifiable) | F. | 27 | 11 | 8 | 2 | ... | ... | ... | 2 | 4 | 26 | 1 |
| | | 1 | ... | ... | ... | 1 | ... | ... | ... | ... | 1 | ... |
| Scarlet fever ... | M. | 86 | ... | 42 | 43 | 1 | ... | ... | ... | ... | 86 | ... |
| | F. | 86 | ... | 31 | 55 | ... | ... | ... | ... | ... | 85 | 1 |
| Paratyphoid B. | M. | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| | F. | 1 | ... | ... | ... | 1 | ... | ... | ... | ... | 1 | ... |
| Whooping cough ... | M. | 4 | ... | 2 | 2 | ... | ... | ... | ... | ... | 1 | 3 |
| | F. | 5 | ... | 2 | 3 | ... | ... | ... | ... | ... | ... | 5 |
| | | 3 | ... | ... | ... | 1 | ... | 1 | 1 | ... | 3 | ... |
| TOTALS ... | M. | 479 | 11 | 187 | 230 | 4 | 4 | 4 | 18 | 21 | 172 | 307 |
| | F. | 476 | 14 | 175 | 251 | 7 | 2 | 2 | 10 | 15 | 166 | 310 |

The figures in black denote Service cases and are included in the totals.

APPENDIX II.

PART I.—RESPIRATORY TUBERCULOSIS.

1.—Number of cases formally notified for the first time or regarded as notified from 1st January 1959 to 31st December 1959.

| | Age Groups. | | | | | | | | | Totals. |
|-----------------|-------------|-----|------|-------|-------|-------|-------|-------|-----------------|---------|
| | Under 1 | 1-5 | 5-15 | 15-25 | 25-35 | 35-45 | 45-55 | 55-65 | 65 and upwards. | |
| Males | — | 1 | 1 | 3 | 2 | 3 | 3 | 2 | 1 | 16 |
| Females | — | 4 | 4 | 2 | 6 | 2 | 2 | — | — | 20 |
| Totals | — | 5 | 5 | 5 | 8 | 5 | 5 | 2 | 1 | 36 |

2.—Number of cases confirmed to be suffering from active respiratory tuberculosis during the year.

| | Age Groups. | | | | | | | | | Totals. |
|-----------------|-------------|-----|------|-------|-------|-------|-------|-------|-----------------|---------|
| | Under 1 | 1-5 | 5-15 | 15-25 | 25-35 | 35-45 | 45-55 | 55-65 | 65 and upwards. | |
| Males | — | 1 | 1 | 3 | 2 | 3 | 3 | 2 | — | 15 |
| Females | — | 4 | 4 | 2 | 6 | 2 | 2 | — | — | 20 |
| Totals | — | 5 | 5 | 5 | 8 | 5 | 5 | 2 | — | 35 |

3.—Number of new cases in Table II. admitted to hospital for tuberculosis treatment for the first time during the year.

| | Age Groups. | | | Totals. |
|-----------------|-------------|------------------|--------------|---------|
| | Under 15. | 15 and under 45. | 45 and over. | |
| Males | 2 | 7 | 3 | 12 |
| Females | 6 | 4 | — | 10 |
| Totals | 8 | 11 | 3 | 22 |

4.—Number of patients admitted to, discharged from, or dying in tuberculosis hospitals, sanatoria, or wards in other hospitals reserved for the treatment of the tuberculous.

| Age Groups. | Sex. | In Hospital on 1:1:59. | Admitted during year. | Discharged during year. | Died in Hospital. | In Hospital on 31:12:59. |
|------------------|-----------------|------------------------|-----------------------|-------------------------|-------------------|--------------------------|
| Under 15 | —Males | — | 2 | 2 | — | — |
| | Females | — | 6 | 5 | — | 1 |
| 15 - 44 | —Males | — | 7 | 4 | — | 3 |
| | Females | 1 | 8 | 6 | 1 | 2 |
| 45 and over | —Males | 4 | 4 | 6 | — | 2 |
| | Females | 1 | 1 | 2 | — | — |
| Totals | | 6 | 28 | 25 | 1 | 8 |

PART II.—NON-RESPIRATORY TUBERCULOSIS.

5.—Number of cases formally notified for the first time or regarded as notified as suffering from non-respiratory tuberculosis during the year 1959.

| | | Age Groups. | | | | | | | | | |
|---------|-------|-------------|-----|------|-------|-------|-------|-------|-------|--------------------|---------|
| | | Under 1 | 1-5 | 5-15 | 15-25 | 25-35 | 35-45 | 45-55 | 55-65 | 65 and upwards. | Totals. |
| Males.. | | 1 | — | — | 1 | — | — | 1 | — | 1 | 4 |
| Females | | — | — | — | — | — | 1 | — | — | 1 | 2 |
| Totals | | 1 | — | — | 1 | — | 1 | 1 | — | 2 | 6 |

6.—Number of cases confirmed to be suffering from active non-respiratory tuberculosis during the year (excluding transfers in).

| Form. | Sex. | Age Groups. | | | | | | | | 65 and upwards. | Totals. |
|-----------------------|------|-------------|-----|------|-------|-------|-------|-------|-------|-----------------|---------|
| | | Under 1 | 1-5 | 5-15 | 15-25 | 25-35 | 35-45 | 45-55 | 55-65 | | |
| Meningeal | M | 1 | — | — | — | — | — | — | — | — | 1 |
| | F | — | — | — | — | — | — | — | — | — | — |
| Bones and Joints | M | — | — | — | — | — | — | — | — | 1 | 1 |
| | F | — | — | — | — | — | — | — | — | 1 | 1 |
| Superficial Glands | M | — | — | — | 1 | — | — | 1 | — | — | 2 |
| | F | — | — | — | — | — | — | — | — | — | — |
| Genito-Urinary Organs | M | — | — | — | — | — | — | — | — | — | — |
| | F | — | — | — | — | — | 1 | — | — | — | 1 |
| Totals.. . . . | | 1 | — | — | 1 | — | 1 | 1 | — | 2 | 6 |

PART III.—ANALYSIS OF TUBERCULOSIS DEATHS.

7.—Number of persons who died from tuberculosis in the area during the year with the period elapsing between notification or intimation and death.

| | Respiratory. | | Non-Respiratory. | |
|--|--------------|----------|------------------|----------|
| | Males. | Females. | Males. | Females. |
| Notified over 2 years before death | — | 2 | — | — |

PART IV.—THE TUBERCULOSIS REGISTER

8.—Return of number of persons resident in the area at 31st December 1959 who were known to be suffering from tuberculosis.

| Form. | Sex. | Under 15 | Age Groups. | | | | | 45-55 | 55-65 | 65 and upwards. | Totals. |
|---------------------------------|------|-------------|-------------|------|-------|-------|-------|-------|-------|--------------------|---------|
| | | | 1-5 | 5-15 | 15-25 | 25-35 | 35-45 | | | | |
| 1. Respiratory—Males | .. | — | 1 | 3 | 28 | 36 | 39 | 28 | 31 | 6 | 172 |
| Females | .. | — | 3 | 7 | 22 | 55 | 28 | 9 | 8 | 3 | 135 |
| 2 Non-Respiratory—Males | .. | — | — | 4 | 3 | — | — | 2 | — | 2 | 11 |
| Females | .. | — | — | — | 6 | 3 | 4 | 2 | 2 | 2 | 19 |

SOCIAL SERVICES DEPARTMENT

R E P O R T

BY

G. K. PLUMMER, Social Services Officer

ANNUAL REPORT

PROVISION OF WELFARE SERVICES under Section 29 of the National Assistance Act.

(a) Blind Persons.

Welfare Services to the blind and partially-sighted persons continue to be provided by the Fife Society for the Blind. The per-capita grant paid by the Town Council in respect of this agency service remained at £7, 10s. and a registration fee of £1 was paid in respect of each partially-sighted person on the Society's Register. The number of blind persons on the blind register at the close of the year was 26 males and 37 females, an increase of 2 persons from the previous year. The number of blind persons registered has increased gradually over the past 5 years. There were 3 males and 4 females on the partially-sighted register at 31st December 1959. During the year the Fife Society's Home Teacher for the district paid 355 visits to blind persons in Dunfermline. Thirty-three braille lessons were given during this period. Sixteen visits were paid to partially-sighted persons, and in all 28 interviews were given at the Priory Lane Centre. Weekly handicraft classes were held at the Priory Lane Centre and the attendance between 10 to 14 persons weekly. Bi-monthly socials held in Canmore Church Hall were all well attended and blind domino players in Dunfermline have joined with other clubs in the area to play with ex-Servicemen and other organisations during the season. The local ladies' committee, under the Chairmanship of Mrs. R. F. Martin, continued to assist the Society in the organising of summer outings, Christmas parties, and similar functions, and have also assisted in the raising of funds for the Society.

The following is a statistical record for the year:—

| | |
|--|-----------|
| Number of persons on Blind Register at 1/1/59:— | |
| Male 25 | Female 36 |
| Number examined by Ophthalmic Surgeon:— | |
| Male 3 | Female 6 |
| Number found to be Blind within the meaning of the Act:— | |
| Male 3 | Female 5 |
| Number added to the Register:— | |
| Male 4 | Female 6 |
| Number taken off the Register:— | |
| Male 3 | Female 4 |
| Number on the Register at end of year:— | |
| Male 26 | Female 38 |

(b) Deaf.

The Fife Mission to the Deaf continued to act as the Town Council's agent in the provision of welfare services to deaf persons in the Burgh during the year, and the per capita grant paid to the Mission in respect of services provided remained at £2, 10s. There were 18 persons on the Mission's Register at the close of the year. Mr. Rodger, Missioner, and his assistant, Mrs. Hynd, paid 49 visits in the area and in addition 6 visits were made to hospitals and homes. The fortnightly special religious service was held regularly, with good attendances. Mr. Rodger conducted communion services and a harvest thanksgiving service was held, after which flowers and fruit were distributed to sick members and to hospitals. Weekly social evenings were held at the Priory Lane Centre. Provost Frederick presided at the Christmas Party for the area, which was held in Dunfermline this year.

There was only one school leaver during the year and he was found employment almost immediately.

The Welfare Centre at Priory Lane is hardly large enough for all of the Mission's activities, but, nevertheless, good use has been made of the Centre.

(c) Other Handicapped Persons.

There were 95 persons on the Register of Other Handicapped Persons at the close of the year. This, of course, excludes blind and deaf persons. The local branch of the British Red Cross Society provided a visiting service for disabled persons on a voluntary part-time basis. In addition to general welfare visits, special visits with regard to the provision of diversional occupation have been paid by Mrs. Roome. Mrs. Roome paid 59 welfare visits and 45 visits for the purpose of instructing persons on diversional occupations. Owing to the limited time at her disposal, Mrs. Roome was only able to concentrate on about 12 persons as far as instruction in diversional therapy was concerned.

In all, about 609 visits were paid by Red Cross personnel, but these visits included persons suffering from all categories of sickness and ex-Servicemen. The Fife Branch of the Phoenix Youth Club has met regularly once a week at Echobank, Inverkeithing. A large number of the members of this club reside in the Dunfermline and Rosyth area. In July a holiday in Wales was organised for the members and they travelled there in their own bus. The club provides recreation and fellowship for young handicapped persons and receives generous help from friends and other organisations in

the question of the provision of transport to and from the club. Without transport many members would be quite unable to attend.

Invalid chairs on temporary loan and other medical aids were supplied from the Red Cross Depot and from the Dunfermline District Nursing Association. The local branch of Toc H takes an active interest in handicapped persons in the area, and the members do a considerable amount of visiting. Toc H continues to supply its television for the housebound scheme, and the Rotary Club has a similar scheme for the supply of wirelesses to housebound people.

Arrangements were made for 4 handicapped persons to take advantage of the Red Cross Holiday Scheme at Dunbar. Transport and other arrangements were made by this department and assistance for handicapped persons at the boarding house was supplied by the local branch of the Red Cross. Personal problems were dealt with direct by the Social Services Department.

PROVISION OF ACCOMMODATION under Section 21 of the National Assistance Act.

The Corporation's Residential Homes, provided under Section 21 of the National Assistance Act, were all fully occupied during the year. The fact that the statistical table as at 31st December 1959 shows one vacancy at Davaar and 2 at Garvock is perhaps misleading. These vacancies had arisen immediately prior to 31st December and were in the course of being filled from the waiting list. The waiting list rose very sharply during the last 3 months of the year. There were, in all, 18 persons on the list at 31st December—12 women and 6 men. The turnover of beds at Luscar and Garvock House was quite high during the year (20 discharges and 20 admissions at Luscar and 8 admissions and 10 discharges at Garvock), but it was low at the other two Homes (4 discharges and 4 admissions at Garthdec and 4 discharges and 3 admissions at Davaar). The turnover at Garvock and Luscar was somewhat abnormal during this year and I do not think it gives any real indication as to when the waiting list might be absorbed. In fact I consider that the waiting list was uncomfortably high at the close of the year and indicates at this stage that the number of beds provided is not meeting the demand for accommodation. Many of the old people who applied for admission during the last 3 months of the year were already in receipt of domiciliary services, but had reached the stage where they preferred the added security and the greater care which can be provided in a Residential Home. The difficulty still remains of an insufficiency of ground floor beds in

the Homes and there is no way of overcoming this in the present buildings.

Unfortunately negotiations with the Regional Hospital Board over the sale of part of the field lying to the south of the Maternity Hospital as a site for a new Home proved fruitless. Several other sites were investigated without success, and obviously the question of the building of a new Home cannot be further considered until a suitable site is found. In November a meeting was being arranged with representatives of the Carnegie Dunfermline Trust to discuss the possibility of a site for a new Home in Pittencrieff Street, and the outcome of this meeting was still awaited at the close of the year.

I have pleasure in acknowledging the concerts, film shows, and visits arranged at the Homes by various organisations during the year. Special parties were provided at Easter, Hallowe'en, and Christmas, and summer outings for the residents in each Home were provided in June. Special facilities were arranged, for those of the residents who were able, to view the Children's Gala and to attend concerts in the Carnegie Hall.

I would like to acknowledge, with thanks, the services given by the Chaplains in the various Homes, as follows:—

| | |
|-----------------------|--|
| Garvoek House | Rev. R. P. Mackenzie continued to act as Chaplain. |
| Davaar | Rev. G. W. G. Makins (who took over this duty on 13th January 1959). |
| Garthdee | Rev. G. Gahagan (who took over duty from 10th November 1959). |
| Luscar | Rev. V. C. Pogue continued to act as Chaplain. |

The services conducted at the Homes and the visits by the Chaplains are very much appreciated by the residents.

I would also acknowledge the services of Dr. G. Beveridge, Medical Officer at Luscar House.

The Red Cross Detachment F.24 (Dunfermline) continued to provide the trolley shop service at Luscar and visited the Home to provide this service each Friday throughout the year.

The following statistics show the position in each of the Homes at the beginning and end of the year:—

| Home | No. at 1/1/59 | Admissions | Discharges | No. at 31/12/59 | Vacancies |
|------------------|------------------|------------|------------|--------------------|-----------|
| Davaar | 15 | 3 | 4 | 14 | 1 |
| Garthdee | 18 | 4 | 4 | 18 | Nil |
| Garvoek | 21 | 8 | 10 | 19 | 2 |
| Luscar | 35 | 20 | 20 | 35 | Nil |

TEMPORARY ACCOMMODATION

Temporary accommodation was provided at Luscar House on seven occasions during the year, but there was no need for provision of accommodation on any major scale.

GENERAL WELFARE.

During the year 3,399 visits were paid by the staff of the Social Services Department. These visits fell into the following categories:—

| | Totals. |
|--|---------|
| General Welfare (Old People) | 409 |
| General Welfare (Other Classes) | 208 |
| Admissions to Homes | 112 |
| Mental Health | 256 |
| Trust and Bequests | 211 |
| Meals on Wheels | 33 |
| Chiropody | 22 |
| Sitters-In | 62 |
| Re Homes | 601 |
| To Homes | 562 |
| School Meals | 15 |
| Burial of the Dead | 108 |
| Old People's Welfare Committee | 40 |
| Visits to Hospitals, etc. (including Geriatric Service) .. | 287 |
| Domestic Help | 29 |
| Clothing, W.V.S. | 38 |
| Handicapped Register | 47 |
| Miscellaneous | 268 |
| Waste Visits | 91 |
| | <hr/> |
| | 3,399 |

It will be noted from the above table that the number of visits has substantially increased this year. Visitation is one of the most important and necessary duties of the Department, particularly with regard to the welfare of old people. Initial reports sent in from various sources must be fully investigated. In certain cases one visit only is necessary to deal with minor matters, but in the majority of cases follow-up visits are essential. Where permanent services such as Domestic Help or Meals on Wheels are provided, follow-up visits can be dispensed with to a large degree because contact is firmly established. The understanding with other officials and, to a certain extent, with certain voluntary agencies as to an exchange of information, helps to cut down overlapping and unnecessary duplication of visits.

In addition to the visits recorded above the Health Visitors paid in all 1,202 visits to elderly people. Reports of each of these visits were scrutinised and where necessary follow-up visits were paid.

In cannot quote figures but I am sure that a considerable amount of visiting is carried out by voluntary organisations, notably the

Dunfermline and Rosyth Branches of the Old People's Welfare Committee. Most of the voluntary organisations carrying out this work are aware of the services available through the Social Services Department and this means that additional visitation coverage is provided. The fact that fewer old people are being discovered in extreme and urgent need of care and attention is, to my mind, a direct result of regular visitation and the early provision of domiciliary services.

Visits to local hospitals have also increased this year. The majority of these visits were paid in connection with the after-care of elderly persons due to be discharged from hospital. Satisfactory home care arrangements were made on 20 occasions and 11 persons were transferred from hospital to one or other of the Residential Homes.

I would again like to record my appreciation of the advice and co-operation given to the Department by Dr. Rankine, Geriatrician.

Liaison with the hospital service, particularly with the Geriatric Unit, is an essential feature of the work of this Department. Apart altogether from the question of the after-care of elderly persons, this Department was also asked to assist the hospital authorities in more general matters relating to the welfare of patients—matters which normally would be dealt with by a hospital almoner.

I would record my appreciation of the help given to this Department by voluntary organisations. The local branch of the British Red Cross Society has assisted with the provision, on loan, of various medical aids from the local depot. The local Welfare Officers include elderly infirm people on their visitation lists. The Welfare Officers have also investigated cases of hardship, and in general co-operate very closely with the Social Services Department.

The Dunfermline District Nursing Association has also helped with the supply of medical aids and bedding to old people, and the Association continues to provide a chiropody service to approximately 300 elderly persons. The Association's agreement to pay for a sitter-in service in an emergency has again been taken advantage of on several occasions, particularly during the winter months, where it was found that the person requiring this service was unable to make private arrangements.

The Dunfermline and Rosyth Branches of the Old People's Welfare Committee have continued their usual activities. The Rosyth Branch provides a chiropody service for the Rosyth area and 70 old people were benefiting from this service at the close of the year. A new club for old men was set up by the Dunfermline

Branch in the Woodmill area and this brings the total number of clubs being run under the auspices of the Old People's Welfare Committee to six. These clubs are all functioning well and are providing much needed recreation for some 400 old people. The Town Council made a grant of £60 to the Old People's Welfare Committee this year.

The Meals on Wheels Service provided by the Women's Voluntary Service continued on its usual lines during the year. The charge to the recipients remained at 1s. per meal and the Town Council contributed at the rate of 1s. per meal plus an additional contribution to cover running costs of delivery. The demand for meals had slightly increased towards the end of the year. The number of persons in receipt of meals at December was 50, and the total number of meals delivered during the year amounted to 3,785.

The Rotary Club of Dunfermline gave a donation of £10 towards the supply of a special Christmas meal to those in receipt of the service.

The W.V.S. also continued to provide a clothing depot at Carnegie Clinic for the provision of clothing to necessitous families.

Compulsory Removals:

There was no need to take any action under the compulsory removal provisions of the National Assistance Act.

Care of Property:

Action was taken on 16 occasions under Section 48 of the National Assistance Act with regard to looking after the property of persons admitted to hospitals or residential homes.

Burials:

Under Section 50 of the National Assistance Act five burials were carried out of persons who were found dead where there was no relative or friend able or willing to make the necessary arrangements. While only five actual burials had to be carried out another four applications were received, but in these instances the Department was able to find friends and relatives willing to act.

Miscellaneous:

Arrangements for the allocation of annual grants from the Anonymous Donors' Christmas Season Coal Fund and Goodall Trust, the Gardiners' Charitable Trust, Cunningham Bequest, and McGregor Bequest were carried out. In all, 221 persons benefited

from these Trusts. The bulk of the gifts from these Trusts was issued at Christmas and considerable difficulty was experienced in trying to ensure that there was no overlapping as between gifts distributed by various voluntary organisations and these issued by the Department under the various Trusts referred to. It is difficult to ensure that there is no overlapping in the distribution of these gifts, and I have often thought that it might serve a useful purpose if the voluntary organisations concerned were to consult with each other prior to the issuing of gifts. In a broad sense I even consider that the formation of a local Council of Social Service, where all the voluntary organisations could be represented, might serve a very useful purpose.

Free School Meals:

Ninety-nine new applications were investigated, involving 226 children. Of these applications 94 were granted and five refused.

At the beginning of 1959, 291 children were in receipt of free meals, and at 31st December 1959 there were 375 children receiving free school meals.

| | | | | |
|---|-----|--------------------|-----|-----------|
| Received free meals 31/12/58 | 113 | families involving | 291 | children. |
| Applications investigated during 1959 | 99 | „ | 226 | „ |
| Additions to previous applications | 0 | „ | 21 | „ |
| | 212 | „ | 538 | |
| Applications refused | 5 | „ | 7 | „ |
| | 207 | „ | 531 | „ |
| Applications granted at reduced rates | 2 | „ | 4 | „ |
| | 205 | „ | 527 | „ |
| Ceased during year | 66 | „ | 152 | „ |
| Receiving free meals 31/12/59 | 139 | „ | 375 | „ |

Acknowledgments:

I would like to gratefully acknowledge the support given by members of the Town Council, the co-operation of my colleagues, and the services carried out by all members of the Social Services Department staff, including staffs in charge of Corporation Homes, and would also like to acknowledge the help given by many voluntary workers.